

Form PTO-447A
(Rev. 7-98)

Staple to face of Application

U.S. DEPARTMENT OF COMMERCE
PATENT & TRADEMARK OFFICE**APPLICATION TRANSFER REQUEST FOR S.N. 10018469****Section I. TRANSFER REQUEST BY**Name **WARD, EDWARD C** Date **3/19/2002**TO: Art Unit **3762** Class/sub **604/500**FROM: A.U. **1651** Class _____**REASON:**

Needleless syringe with a shock wave generator

Gatekeeper concurrence

*EW***Section IIa. DISPOSITION BY RECEIVING TC**By: *Casler* A.U. **3763** Date **4/20/02****NOT ACCEPTED** ☐ Forward to receiving TC Post Classifier**REASON:****Section IIb. DISPOSITION BY RECEIVING TC POST CLASSIFIER**☐ This dispute was resolved. Forward to TC/AU _____ Class/Sub _____ / _____ Post Classifier _____ Date _____

Concurring _____

☐ This dispute was not resolved, forward to DISPUTE RESOLUTION PANEL**Post Classifier Assessment:**

Gatekeeper concurrence _____

Post Classifier _____ Date _____

Section III. DISPOSITION BY DISPUTE RESOLUTION PANEL

Date _____

Panel Decision:

Forward To Technology Center/Art Unit _____ Class/sub _____ / _____

REASON:

Panel Member _____

Concurring Panel Member _____